

Application Data Sheet

APPLICATION INFORMATION

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: PRESSURE WASHER WITH DIAGNOSTIC
INDICATORS

Attorney Docket Number:: 226256

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure:: 2

Total Drawing Sheets:: 8

Small Entity?: Yes

Latin Name::

Variety denomination name::

Petition Included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gus
Middle Name::
Family Name:: Alexander
Name Suffix::
City of Residence:: Inverness
State or Prov. of Residence::
Country of Residence:: US
Street of mailing address:: 11 Woodview Lane
City of mailing address:: Inverness
State or Province of mailing address:: Illinois
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60067

Inventor Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Mike
Middle Name::
Family Name:: Hanson
Name Suffix::
City of Residence:: Lakewood
State or Prov. of Residence:: Illinois
Country of Residence:: US
Street of mailing address:: 2115 S. Shore Drive
City of mailing address:: Lakewood
State or Province of mailing address:: Illinois
Country of mailing address:: US
Postal or Zip Code of mailing address:: 60014

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 23460
Phone:: (312) 616-5600
Fax:: (312) 616-5700
E-mail Address:: mail@leydig.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 23460

Representative Designation:: Registration Number:: Representative Name::

DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

FOREIGN APPLICATION INFORMATION

Country:: Application Number:: Filing Date:: Priority Claimed

ASSIGNEE INFORMATION

Assignee name:: FAIP North America, Inc.

Street of mailing address:: 1825 Greenleaf

City of mailing address:: Elk Grove

State or Province of
mailing address:: Village

Country of mailing
address:: US

Postal or Zip Code of
mailing address:: 60007